1. PLACE OF DEATH	92-20
County Princi Georges	Registration Dist. No. 242
Village or City bedan Hagleto	NoSt., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME blank lishlow	
(a) Residence: No. budan Assistant The (Usual piece of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jensele Laling, 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
56. If married, wildowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Jack Well to	June 15 1934 to June 26, 1934
6. DATE OF BIRTH (month, day, and year) don't ken are	Hall saw her alive on from 2 5, 19 3 4 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at 12, 20 Pm.
69 — 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc	Mornie valendar heart maken
and ustry or business in which work was done, as SILK MILL,	disease
SAW MILL, BANK, etc.	
O 10. Dato deceased last worked at this occupation (month and year) spent in this secupation was spent in this secupation.	
in DIRTURATION Alexander 29-T	Other Contributory Causes of importance:
12. BIRTIIPLACE (city or town) White V.C. (State or country)	- March
13. NAME John Stewart	
14. BIRTHPLACE (city or town)	Name of operation
14, BIRTHPLACE (city of town) Va (State or country)	What test confirmed diagnosis? My was there en autopsy?
15. MAIDEN NAME Cornelia moredith	23. If death was due to external causes (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
[16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT John Stewart	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Cadae Hydra Trage 18. BURIAL, CREMATION, OR REMOVAL	
Place Nasw. A. C. Date Line 26, 1934	Manner of Injury
10 HUDERTAKEN NACEDATERA I Sedan & Me	24. Wes diseasa or injury in any way related to occupation of decaased?
19. UNDERTAKER WALLAND CONTROL OF THE CONTROL OF TH	If so, specify
20. FILED June 26, 1934 Grase Low	(Signed) 2M Brady M. D
20. FILED JAMES 26, 193 (Jacob Carlos Registrar.	(Address) I Sust Plus and high

If more blenks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
R VELLO			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82.0
County N Level	Registration Dist. No. 43
Village or City Dadew	NoSt.,Ward
A	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Mary Ida Bag	len
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
HISBAND of (or) WIFE of James & Baden	22. HEREBY CERTIFY, That I attended deceased from
DATE OF PIPTS (month day and year) 8 6 15 - 1860	7,197 7, 10 7
AGE Years Months Days If LESS than	I last saw h 1 ; death is said to heve occurred on the date stated ebove, at 2
7// a lay,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Augustuff SAWYER, BOOKKEEPER, etc.	appleus of
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	1 0 1
SAW MILL, BANK, etc	Man 1
this occupation (month and 134 spant in this 20 occupation	
DIPTURE ACT (situations)	Other Coutributory Causes of importance:
(State or country)	
13. NAME Trum an Manual	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME // aryares + owter	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
(7. INFORMANT Jams L. Daden (Address) Daden ma	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Nature of Injury
19. UNDERTAKER (Address) Trumling and	24. Was disease, pr injury in any way related to occupation of deceased? W
20. FILED June 30,934 Truest Morne	(Signed) William H 9 Booms M. D. (Address) Croom and
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
H. H.			
Other contributory causes of importance:		Other contributory causes of importance:	Political by
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

1. PLACE OF DEATH	
County luge Go	Registration Dist. No.
Village or City of The Manual Manual	NoSt Ward
Length of rasidence in city or fown there death occurrad.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Laward 19 Var	illa
(a) Residence: No. 609 Prince Que St. (Usual place Sabode)	Zaure Walled If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE OR BLYONCED (write-the wort)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or proceed HUSBAND of	(Month) (Day) (Year)
(or) WIFE of arrie G. Dlaine.	I HEREBY CERTIFY. That I attended decaased from Z , 1933, to 6 7 4 1836
6. DATE OF BIRTH (month, day, end year) June 4 1873	I last sew h alive on 6 - 2 / 193 4 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
6/ 20 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and raised causes of importance were as follows:
Z 8. Trade, profession, or particular kind of work done as SPINNERA	Carrierona Lung. (7)
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased lest werked et this occupation opposition on spent in 1985.	Clelin - Focum Headler!
9. Industry or business in which work was done, as SILK MILL S. Selean of fugs	enu,
3AW MILL, BANK, etc. 11. Total time (vaars)	
10. Date deceased lest werkad et this occupation of the occupation of the occupation of the occupation occupat	
2.10	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Cassimus Girolale
13. NAME (ko. Blaine)	
E // 210 //	Newstanding Properties 1620
X 14. BIRTHPLACE (cityor town)	Name of operation. On the part of 1927
15. MAIDE LANGE Seth Haggeman	What tast confirmed diagnosis? Was there an autopsy? have
	23. If daath was due to extarnal causes (VIOL ENCE) fill In elso the following: Accident, suicide, or homicide?
16. BIRTHPLOC (city or town) (State or country)	Where did injury occur?
17. INFORMANT Is Caprice 6. Plaine	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18 BIRIAL, CREMATION, OR REMOVALO	Mannar of injury
Congressing Century 6-16 1030	Nature of Injury
19. UNDERTAKED STATE TO THE CARD CARD CARD CARD CARD CARD CARD CARD	24. Was disaase or Injury In any way related to occupation of decaasad?
20. FILED JULIAS, 1034 M. Brashiais.	(Signed) 73 · f
If move blanks are meeded address State Personan	N. Chada Cara P. Ling

STATE OF MARYLAND-CERTIFICATE OF DEATH

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	Example II	
es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
5		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	6182
1	L. PLACE OF DEAT		00 00		131)	2
	County Prince	e deorge	es 00.		Registration Dist. No. 24	2
	Village or City Se	at Pleas	sant m		NO. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
					ds. How long in U.S. if of foreign birth?yrsmo	
1	. FULL NAME	Joseph !	Braun			
	(a) Residence: No	Seat P			St., Ward. If nonresident give city or town and	State
	PERSONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
		The second second	OR DIVORCE	D (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a.	If married, widowed, or divor HUSBAND of Marga (or) WIFE of Marga	ret S.	Braun		22. I HEREBY CERTIFY, That I attanded of	daceased from
6.	DATE OF BIRTH (month, day	, and year) OC	t. 26.	1878	I last saw house alive on June 13 1934	; death is said
7.	AGE Years	Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at 1004 m.	
	35 55	7	1 17	ormin.	ware as follows:	Data of onset
NO	8. Trade, profassion, or pa	rticular as SPINNER, PER etc			Cardio Vascular Reval	not /cus
County Prince Georges Co. Village or City Seat Pleasant Md. Length of residenca in city or town where death occurred 30 yrs. 2. FULL NAME JOSEPH Braun (a) Residence: No. Seat Fleasant, Md. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White OR DIVORCED (write the wor Married, widowed, or divorced HUSBAND of Margaret S. Braun 5a. If married, widowed, or divorced HUSBAND of Margaret S. Braun 6. DATE OF BIRTH (month, day, and year) Oct. 26. 1878 7. AGE Years Months Days If LESS the Laday,		- Day Lane				
500		tc				
ŏ	this occupation (mon	nth and	spai	nt in a (years) nt in this upation		
12.		Germ	any		Other Contributory Causes of importance: acute Broncho-Encurrence	6-6.2×
23	13. NAME	Br	aun			
FATH			15.17		Name of operation Data of What test confirmed diagnosis? Was there an a	
ER	15. MAIDEN NAME				23. If death was due to external ceuses (VIOLENCE) fill in also the following:	
0		wn)Ge	raany		Accident, suicide, or homicida? Date of injury	, 19
17.	INFORMANT	n. A. Pe	nkert		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	CE.
18	BURIAL, CREMATION, OR R	EMQVAL		/16/34 N.	Manner of injury	
19		750	nge	on,	24. Was disease or injury In any way related to occupation of dacaasad?	no
20.	FILEDJUNE 13, 1	no e	face &	Qow- Registrar.	(Signad) Se O. J. Him and	7/2 E.
		If more	blanks are notded, a	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. a.	.26.

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Chronic interstitial nephritis 1921 Run over by street car	auses Date of onset
	1 week ago
Cerebral hemorrhage July 5, 1927 Peritonitis	1 week ago
	3 days ago
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Other contributory causes of importance: Other contributory causes of importance	
Gallstones May 1,1923 Gastroenteritis	1 year

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 116183
1. PLACE OF DEATH	3
County ringe Levys	Registration Dist. No. 243
Village or City /2000	NoSt., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Stillbith Br	yant
(a) Residence: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 9 19, 1934	I last saw h; death Is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Irade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and	1+01/24
9. Industry or business in which work was done, as SILK MILL,	sullar
SAW MILL, BANK, etc	
this occupation (month and yaar)	
8	Othar Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) (Stata or country)	
4 14. BIRTHPLACE (city or town) (Stata or country)	Nema of oparation Date of
	Whet tast confirmad diagnosis? Was thara an au'opsy?
15. MAIDEN NAME Vary Bryand	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town)	Accident, suicide, or homlcide?, 19, 19
(State or country)	Where dld injury occur?
17. INFORMANT Than Brine.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa 03 & CA3	Nature of Injury
19. UNDERTAKER Martin Floding Sous	24. Was disaase or injury in any wey related to occupation of deceasad?
20. FILED une 22, 1934 Thances to me.	(Signad) temys lotte f M. D. (Addrass) Borre
	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Example I	91	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUL 5 1934	¥		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
English of the State of the Sta			

of infor-1. PLACE OF DEATH pluoda Langth of rasidence in city or town where death occurred 2. FULL NAME RECORD. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write tha word) BINDING 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) The certificate. 7. AGE Years Months Days 8. Trada, profassion, or particular OCCUPATION kind of work dona, as SPINNER, RESERVED SAWYER, BOOKKEEPER, atc.___ back may 9. Industry or business in which shoul work was dona, as SILK MILL. SAW MILL, BANK, etc ... 10. Data dacaasad last worked at 11. Total time (yaars) this occupetion (month and spent in this occupation instructions 12. BIRTHPLACE (city of town) RGIN (Stata or country) See FAT 14. BIRTHPLACE (city of town (Stata or country) MOTHER important. 15. MAIDEN NAME in DEATH 16. BIRTHPLACE (city or town (State or country be plnods OF 18. BURIAL, CREMATION, OR REMOVAL wales Data 19. UNDERTAKER (Addrass)

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. 2 40 No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Day) IHEREB Thet I attanded deceased from to have occurred on the date stated ebova, at 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset Nama of operation. Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicida, or homicide?_____ Date of injury_____ Whare did injury occur? ... (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Nature of injury 24. Wes disease or injury in any way related to occupetion of deceased?

Registrar If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. A.

If so, specify

If LESS than

or min.

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Example 1		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		HECKING STH	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		K	

Registrar.

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Chronic interstitial neghritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
I DON So. al			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WH 3 1904	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Prince George	Registration Dist. No. 25/ 2
Village or City Landouer	NoSt Ward
, (IF	death occurred in a hospital or institution, give its NAME instead of street and number)
O Committee about occurred	. 21 ds. How long in U.S. if of foreign birth?
2. FULL NAME James Lenders	w Cratto
(a) Residence: No. Landaula Ind. (Vaual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH A
OR DIVORCED (write the word)	June 26 ,193 4
5a. If merried, widowed, or divorced HUSBANO of	(Month) (Oey) (Yeer)
(or) HEEDT Willie B. Cratts	22. Jehr 14 HERE BY CERTIFY. Thet I attended dacesed from
6. DATE OF BIRTH (month, day, end year) may 22. 18.69	I last saw h Lm alive on June 2 4 19 3 4 death is said
7. AGE Years Months Oays If LESS than	to heve occurred on the dete stete bova, at
65 / 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were es follows:
8 Trade profession or particular	Oate of onset
kind of work done, es SPINNER, Calouset maker	Myrandela 1933
9 Industry or business in which work was done, as SILK MILL, U.S. Clausermeet	/
O No Date deceased lest worked et 11. Total time (years)	
this occupation (month and year)	
12. BIRTHPLACE (city or town) Lyington, (State or country)	Other Contributory Causes of Importance:
The state of the s	
E C	
14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Dete of
The state of the s	What test confirmed diagnosis? Was there en eutopsy?
H DA C	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stata or country)	Accidant, suicide, or homicide? Oate of Injury, 19 Where did injury occur?
Elin 1 The 13 10 Smith	(Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT (Addrass)	Spaciny whether injury occurred in incoustry, in neume, or in Public Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury All Manner of
Place I Sladenating Oats June 29, 1934	Nature of injury Chiang Possell -
19. UNDERTAKER J. Caschis Soms (Addiess) P. R. aleman m.	24. Wes disease or injury In any way related to occupation of deceased?
20. FILEO 6-28-, 1934 Mrs. John W. House	(Signed) M. D.
D. L., Registrar.	(Address) January Man
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Questing U. S. No. 1.

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	Example I	- 1	Example II			
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	RECEIVED	1915	1915 Attack of epilepsy			
Chronic interstitial ne	phritis	1921	Run over by street car	1 wcek ago		
Cerebral hemorrhage	JUL 5 1934	July 5,1927	Peritonitis	3 days ago		
	BUREAU V. S.					
Other contributory	causes of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

ADDITIONAL S	SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN

See	new ce	rtif	icate	in	au	thor	iza	tion	ı fi	le	under	Dr.	Hayes,	changing
	items	#15	and	#17.	-	Bur	eau	V.	S.	L.	July	17.	1934	4-4
						120								

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(161.99
County Truce Leon 20	Registration Dist. No.
Village or City Churchan Jud	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In-city or town where death occurred 5. Oyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James & Dement	<i>f</i>
(a) Residence The Courton and	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If merried, wildowed, or divorced HUSBAND of (or) WILL of	22. I HEREBY CERTIFY, That I ettended deceased from
02/11/10/16	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year)	I lest saw h alive on
67 8 1 day. hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance prepared as follows:
8. Trede, profassion, or particular kind of work done as SPINNER.	Tell on road &
sawyer, Bookkeeper, etc. 9. Industry or business in which	Fractived Skull
work was done, as StLK MILL, SAW MILL, BANK, atc	Died rualluded
kind of work done, as SPINNER, Carbelley 9. Industry or businass in which work was done, as STLK MILL, SAW MILL, BANK, atc. 10. Date daceasad last worked at this occupation (month end year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Indian Head (Stete or country) May Pay 8	Other Contributory Causes of importance:
13. NAME (Land to Denney) 14. BIRTHPLACE (city or town) 14. Significant town)	Neme of operation Dete of
(Stele of country)	What test confirmed diagnosis? Wes there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Charles No	Accident, suicida, or homicida? Date of Injury flaces, 1934.
(Steta ar country) Mary and	Whare did injury occur? ASO Source (Specify city oylown, county and State)
17. INFORMANT MVL MOS Sarrison (Address) John Clausana nick	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury tiell on road
Place / TSCAMMUTH Deta fine 10, 1977	Neture of Injury Fractured Skull
19. UNDERTAKER OKunff x Tigow (Addrass)	24. Was disaase or injury in any way related to occupation of deceased?
11- 1/11/10/	(Signed) . M. D. M. D.
20. FILED INC 13, 194 Leva Nusti	(Address) & sandywill and

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 MARCAN			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RECORD. Every

FOR BINDING

ARGIN RESERVED

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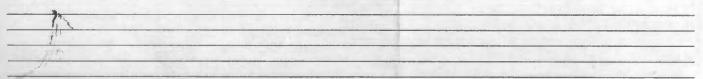
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BALLOGATING			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



PHYSICIANS should state N. B.—WRITE PLAINLY, WITH CNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. RGIN RESERVED FOR BINDING

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92:0
County Prince Honge	Registration Dist. No. 2H5
Village or City Sandor (10. 10. md	No. St., Ward
Control of the Contro	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2 . 10 -1 0	s. now long in 0.5. it of foreign birth?yrsnosas.
2. FULL NAME Man! Horotha em	
(a) Residence: No. (Usual place of abode)	V St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH A
OR DIVORCED (write the word)	Jun 6, 199 4
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I ettended deceased from
	190 t to Jane 6 , 19 7 9
6. DATE OF BIRTH (month, day, and year)	Just saw her alive on 19 7 Y death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
78 10 ormin.	were as follows: Date of oneet
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	musingsty.
4 . 9 Industry or husiness in which	- Mayor - Comment
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town)	
(State or country)	Ch Endorantely
13. NAME 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Frederick Condes 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Urma M Stout	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Place Chart. D. C Date June 6 1934	Manner of injury
WL. 1 10 . d	Nature of Injury
19, UNDERTAKER (Address)	24. Wes disease or Injury in any way related to occupation of deceased?
	If so, specify
20. FILED pane 6, 1934 Mrs. Jas Doren	(Signed) M. D. (Address) And her
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	1+0+	Other contributory causes of importance:	FE 1101	
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate. B.—WRITE PLAINLY, WITH V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH
11. 4.	186-a)
Village or City b Medellelle Mid.	No. Olevee Heart Amost Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Mary G. Tayley	Williamstery Live
(a) Residence: No. Classes (Usual place of abode)	St., Ward. Mrn State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Yune 23 193 4
5a of married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY GERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 2.1953	I last saw/ en alive on Luce 1 22, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date states abovo, at
80 76 8 2 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Megocardelia Date of ongot
SAWYER, BOOKKEEPER, etc.	0 0 000
work was done, as SILK MILL, SAW MILL, BANK, etc.	Garage Vagencer Project
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation	occase Ugan
(B-OT Wed-	Other Contributory Causes of Insortance:
12. BIRTHPLACE (city or town) (State or country)	De les la corte
	formor frame refine
E 0 0 0 1	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis?
α 0 1.	23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?, 19, 19
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Water dalaman	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Specify whether injury occurred in two strkt, in nome, or in todate tende.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place It Peters Com Date June 24, 193 x	- Nature of injury
yung a Falm	24. Was disease or injury in any related to occupation of deceased?
19. UNDERTAKER (Address) 800 21 Langue St	If so, specify
0 22 24 100	(Signed) Muss Offalling y M. D
20. FILED from 23, 1939 P. M. Mospor.	(Address) 2 200 A 9 and ME
70 11 11 11 11 11 11	NOTE OF THE PROPERTY OF THE PR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and foliated causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis 5887 0	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	/	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

200 + ADDITIONAL SPACE	E FOR FURTHER STATE	EMENTS BY PHYS	SICIAN 24	160
- all endences 4 frestly	a bffluf.	A ff	9/40/.	
fell pearly and I to he	ort fifell.	of bure	Malle	of run
		O January C	56 /	

or- A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA	1. PLACE OF DEATH	93-20
should f occi	County zny Jenze.	Registration Dist. No. 2 H S
item show of O	Village or City of the desired on the second of the second	No. 112 Giegory St., Ward
		death occurred in a horpital of institution give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
CORD, Every PHYSICIANS oct statement	2. FULL NAME Jamillan Fa	ulhour.
D. J SIC	(a) Residence: No.// 2 Preadry.	St. Ward.
RECORD PHYS	(Uswatplace of abode)	If nonresident give city or town and State
RECC PP Xact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR PACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
7. Y.	Male OR DIVORCED (write the word)	6 / / 0 / 193 4
NG VEN T I	5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
TAN A C A Sissi	(or) WIFE Orang and Helen taulker	22. I HEREBY CERTIFY, That attended deceased from
BIND ERM/ EXA y class	6. DATE OF BIRTH (month, day, and year)	I last saw has alive on 6 6 10 3 4 doubt is said
R F	7. AGE Years Months Days I If LESS than	to have occurred on the data stated above, at
FOR B IS A PE stated E properly certificate	3 7 5 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
IIS IIS be so be po of ce	8 Trade, profession, or particular kind of work done, as SPINNER LINE & Rearsle SAWYER, BOOKKEEPER, elso	Oate of onset
国 四	SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL	Winay Die 4 Olelina. Indie
	SAW MILL, BANK, etc.	Corner Dines Nan 183
ST E TO	Spantin this //	7.
ARGIN RE, NFADING I pplied. AGE erms, so that instructions of	year) occupation occupation	Other Contributory Causes of importance:
GIN ADII	12. BIRTHPLACE (city or town) (State of country)	9/10
MARG NFA supplied n terms, ee instr		he ed the my oranditie & 9 mas
MAR(nankerm see inst	14. BIRTHIPLACE (city or town) Winches ten	Name of operation.
W 100	(State of country)	What test confirmed diagnosis? Was there an autopsy
WIT efully in pla	15. MAIDEN NAME AGA Color 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
INLY, We careful to be careful importan	5 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicide
PLAINLY, hould be cal OF DEATH very import	h. h. woller	Where did Injury occur? (Specify city or town, county and State)
FLA Should OF D.	17. INFORMATION May and teller Faulhous	Specify whether injury occurred in NDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place Macadaing the Data b/ 0 ,19 34	Nature of injury
-WRIT mation CAUSI TION	19. UNDERTAKER W. W. Weal Inc.	24. Was disease or injury in any way related to occupation of deceased?
B.—B.	(Address) 8/6-H-Z.E.D.O	If so, specify
» z T	20. FILED LINE 10, 19 04 Mms Jas Den	(Signad) M. D.
	Registrar. If more blanks are needed, address State Registrar,	(Address) 20 2411 N. Charles Street, Baltimore, Requesting U. S. No. 17 2 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

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Example I	Įį.	Example II		
The principal cause of each and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago	
Chronic interstitual nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorekage	July 5,1927	Peritonitis	3 days ago	
Other contributory can't of importance		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUL 8 1804			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis	1921	Run over by street our	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gasiroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WITH

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06195
1. PLACE OF DEATH	<u> </u>
County The Section	Registration Dist. No. 23
Village or City Bladenthing	No Rever Rd. of Defense task, and Word
I amak at a at town to the second of the sec	death occurred in a hospital or institution, give is NAME instead of street and aumobr)
9000	ds. How long In U.S. if of foreign birth?yrsmos,ds,
2. FULL NAME	44
(a) Residence: No. / Cultiful (Usual place of abode)	off St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jule 3 193 ×
5a. If married, widowed, or divorced HUSBAND of	//
(or) WIFE of	22. I HERESY CERTIFY, Thet I attended deceased from
CALLO 2 1 DON	lest saw h le alter on days on 6/3 19 3/4 death is said
6. DATE OF BIRTH (month, dey, and yeer) 7. AGE Yeers Months Deys If EESS than	to have occurred on the date steted above, at 2 15 An.
// 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance
8. Trede, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked et this cerupation (month and this propagation (month and this propagation).	(I's exception to
9. Industry or business in which work wes done, as SILK MILL.	110001 00
work wes done, as SILK MILL, SAW MILL, BANK, etc	(Stillbuth)
O 10. Date deceesed last worked et this occupetion (month and yeer)	
120,1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Villettine separation
	Ja plackutter
E JAMES TOTAL	\(\frac{1}{2}\)
14. BIRTHPLACE (city or town) (State or country)	Neme of operation Dete of Dete of
15. MAIDEN NAME) Lothie Mini-lia Legan	Whet test confirmed diegnosis? Wes there an eutopsy?
I mit in the state of the state	23. If death wes due to external causes (VIOLENCE) fill In elso the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT Mrs Hash Just 100 (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Bladessburg Moste June 4 1934	Nature of injury
19. UNDERTAKER Jasch's Source (Address) Bladensburg Mil	24. Wes disease or injury in any way related to occupetion of deceased?
20. FILED June 4, 1934 Kelin Stach Josef Registrar.	(Signed) Octubration M.D. (Address) MATATION, M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MADVI AND CEPTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF BEATT
county of Grovaes.	Registration Dist. No. 2 40
Village or City Hyattsoelle RD.	No. ager Road, St., Ward
Length of casidence in city or lown where death/occurredyrsmos	death occurred in horpital or institution, give its NAME instead of street and number) ds. How long in U.S. it of foreign birth? yrs. mos. ds.
2. FULL NAME Many Sahlish H	iel
(a) Residence: No. The Gett Road, (Usuhi place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Year)
HUSBAND of Jon Harry Hill.	22. I HEREBY CERTIFY. That I attended deceased from 1934, to May 1934
6. DATE OF BIRTH (month, day, and year)	last saw han alive on May 28 0 , 1934; death is said
7. AGE Years Months Oays If LESS than 1 day	to have occurred on the dato stated above, at . 2 . 0 m.
65 6 2 ormin.	The PRINCIPAL CAUSE OF DEATH and rolated causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	HEAN- abotic onsufficiency
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date decoased last worked at- this occupation (month and/or	
10. Date decoased last worked at this occupation (month and way) 11. Total title (years) spent in this 40 occupation	
12. BIRTHPLACE (city or town) At Marrys Co md. (State or country)	Other Contributory Causes of Importance: Mensione in Mar
	Jellawing da lopp.
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Was there an autopsy? //
E	23. If death was due to external causes (VIOLENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide?
17. INFORMANT Bessir Washington, (Address) 2635 Druguing St Parties Ind.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace Discourse Copate June 6 , 193 4	Nature of injury
19. UNOERTAKER Malvan & Schuy (Addrass) 424 - 42 - 42 - 42 - 42 - 42 - 42 - 42	24. Was disease er injury in any way related to occupation of deceased? The inference of the second
20. FILEO June 4, 19 3 4 Mm Jus Seve	(Street) 19- af Dennett M.D.
Registrar. If more blanks are needed address State Registrar,	(Address) (A

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Example I	32	Example II	
The principal cause of death and related cause of importance were as follows:	Date of leset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	105	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	0 101	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	
		1 week ago
A)		1 week ago 3 days ago
4		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 Dus, 927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy Run over by street car Peritonitis Other contributory causes of importance:

	or- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 06199
	of infor-	1. PLACE OF DEATH	—— (137) D C
1	of CC	County Truck Jeong	Registration Dist. No. 247
(N)	should of OCC	Village or City Cedan Height	2 No. Cedas Road St. Ward
		Length of residence in city or town where death occurred yrs 8 mos.	death occurred in a horpital or institution, give its NAME instead of street and number) dsHow long in U.S. if of foreign birth?yrsds.
	Every CIANS ement	() and 14/0 1	/ De now long in U.S. if of foreign birth? yrs. mos. ds.
	. 2 2	2. FULL NAME TO dan Willy	Wed - DO
	Z 7/2	(a) Residence: No./ Cesta (Usyalplace of abode)	St., Ward. If nonresident give rity or town and State
	ECORD PHYS xact Sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	K. Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
C	T L ed.	mad regro married	(Month) (Day) (Year)
Ž	C T Sife	5a. If married, widowed, or divorced U HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
BINDIN	MA K A lass	(or) WIFE OF Pris Jeanette Jordan	June 16 1939 to June 29 1934
BIL	EX Cla	6. DATE OF BIRTH (month, day, and year) way 129 18 64	I last saw h in alive on June 29, 1934; death is said
R	IS A PE stated E properly certificate	7. AGE Years Months Days / If LESS than	to have occurred on the date stated above, at 1: 20 P. m.
FO	IS A I stated proper ertifica	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Q	he be lof c	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	naphrosis gan, 39
VED	r d d	SAWYER, BOOKKEPER, etc.	
J.R.	Should it may n back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked ab.	<u> </u>
RESER	1 m + 0	this occupation (month and a 1974 spent in this	
RI	NFADING I oplied. AGE erms, so that instructions	year) occupation occupation	Other Contributory Causes of Importance:
Z	DIL	12. BIRTHPLACE (city or town)	arterios clerosis:
RGIN	FA lied ms, stri	W 13. NAME Jordan Hillary	Agraentrophied Prostate my '33
A	4 4 0	Ε (- 0
Z	70	[14. BIRTHPLOCE (city or town) (State or country)	What test confirmed diagnosis? A C Was there an autopsy?
		15. MAIDEN NAME Backus Maria	What test confirmed diagnosis?
		15. MAIDEN NAME (Sackus Maria 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
	NEY, e cal ATH nport	E (State or country) Vurgue	Where did injury occur?
	M D.A	17. INFORMANTURS Persis fatterson	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	PE. Should OF D	(Address) 5 3 4 - 0 St N.W., W 18. BURIAL, CREMATION, OR REMOVAL	
	E 01 - 00	Place Wes her g/M Date 15/30 1934	Manner of Injury
	-WRITE mation s CAUSE TION is	Tolora by eg	Nature of injury
0. 1	JE2E	19. UNDERTAKER OF COMPANY AT COMPANY (Address) (Address)	24. Was disease or injury in any way related to occupation of deceased?
S.	B	0 120 11 11 11 11 11	(Signed) Theodore Fincking up
>.	z (/)	20. FILED June 6.0, 19.2 4 Jasee Low Registrar.	(Address) 812 - 44xh & n. 8100
			2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUL 5 1935			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

N. B.

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	0	1)	6	1.1	1
()	0	6	U	FT.	į

1. PLACE OF DEATH	(10000
County P. Yw	Registration Dist. No. 243
Village or City Near Bulua Lista	No. St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Maria Johnson	20 1600
(a) Residence: No. Sulute Yuska (Usual place of abode)	St. UMWSISCAL V. U. ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH ULL 30 ,193 4 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	22. f HEREBY CERTIFY. That I ettended deceased from
(or) WIFE of Wakman	
6. DATE OF BIRTH (month, day, and year) about 1854	I last saw h alive on
7. AGE Years Months Days If LESS than 1 day,	to heva occurred on the data stated above, at 91001.m.
80 Iday,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, atc.	(1 cutt Ande gertion!
9. Industry or business in which work wes dona, as SILK MILL.	
SAW MILL, BANK, etc	
O this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) Marshand	Other Coutributory Causes of Importance:
(State or country)	
13. NAME Tout Jusen	
14. BIRTHPLACE (city or town) ugryland	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Ench & arrow	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Ench & arrow 16. BIRTHPLACE (city or town) Wyurlung ton 10. (State or country)	Accidant, suicide, or homicide?
₹ (State or country)	Whera did injury occur? (Specify city or town, county and State)
17, INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOXAL	Manner of Injury
Placa Carolle Chaple Data July 2, 1934	Natura of injury.
19 UNDERTAKER IM. Fludung Poeres	24. Was disease or flury and related to occupation of deceased?
(Address) Bowie Mill	If so, specify Thanculas
20 FILED Why. 2 1934 of 8 hameustahus	(Signad) Bowel . M. D.
Registrar.	(Address) Some Md.

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Example I Example II The principal cause of death and related cause Date of onse The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gollstones May 1,1923 Gostroenteritis 1 year

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
Canadonico	111491,1000	data torrest was	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	T

STATE OF MARYLAND-CERTIFICATE OF DEATH

06202

1. PLACE OF DEATH	93-20
County Pa 9 2 200 (23	Registration Dist. No. 2H5
Village or City A Republic De p	St.,St.,
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Charle Wells Joy	
	St. Ward.
(a) Residence: No. YXX W (Goual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
rude white rummer	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, Thet I ettended deceesed from
(or) WIFE of Wore than, Combandine	1 1034, 10 June 3 1934
6. DATE OF BIRTH (month, day, and year) Cloud Q 1500	I last say h alive on
7. AGE Years Months Deys I LESS than 1 day,hrs.	to have occurred on the dete stated above, at
64 1 24 rugymis.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Myli B. Prem 1930
SAWYER, BOOKKEEPER, etc	3.6
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	acule Cardia Bulation 3000
TO. Date deceased last worked at this occupation (month and spant in this	Primary/cause: acute myocarditis.
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town). Hyperbull Rt. T.	
(State or country)	
14. BIRTHPLACE bity or town)	
4. BIRTHPLACE (bity or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an europsy? Was there an europsy?
I San	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) Wash (State or country)	Where did injury occur?
17. INFORMANT LL Clare & John	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address)	
18, BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Bladensburgmd Date June 3/, 1934	Nature of Injury
19. UNDERTAKER H. Dascles Gous	24. Was disease or injury in any way related to occupation of deceased?
(Address) Spyattsville on I	If so, specify
20. FILED greene O, 1934 Mins. 100 Dores	(Signed) Show & Later M. D.
Registrar.	(Address) 2411 N. Charles Street, Baltimore, Requesting U.S. No. 2.

7. S. No. 1

N. B.

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Example I		Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
HOWEVE V. S.	,			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. Mo. 1

STATE OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
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06203

1. PLACE O	F DEATH	1				
County	Tunia.	George	2-	(107-20)	Registration Dist. No	242
Village or (City Shery	24 120	1-	No		St., Ward
length of res	sidence in city or town where	death commend his	/!	f death occurred in a hospital or institution. ds How long in U.S. if of		
	2/	death occurred	/ //	s now long in 0.0. ii c	n totelgii sittii:yi:	5 US.
2. FULL NA	///	11 DI	PILI			
(a) Resider	nce: No. O. Shus	(Usual piace	of shods)	St., Ward.	If nonresident give city	or town and State
PERSON	NAL AND STATIST			MEDICAL C	ERTIFICATE OF	
3. SEX	4. COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH		
mule	wooned	1	(write the word)	7001	(Month) Jame	9 . 193 7
5a. If married, widow	wed, or divorced		1		(Month) (Da	y) (Tear)
HUSBAND of (or) WIFE of		6			CERTIFY, That	
		1 /	< 4	1	4. /1.2	me 19, 1934
	(month, day, and year)	In un 31	1933	i last saw halive on	1 -210	, 19 37; death is seid
7. AGE Yes	ars Months	Days	If LESS than	to have occurred on the date state		
	1 2	18	orniln.	The PRINCIPAL CAUSE OF DEAT were es follows:	In and related causes of imp	Date of onset
8. Trade, profe	ossion, or particular work done, es SPINNER,	2-	2	1	.,	Manual Ma
SAWYER	R, BOOKKEEPER, etc business in which			from dus	breum one	-a June 157
Q work wa	is done, es SILK MILL, LL, BANK, etc.	-	7			
Dato deceas	sed last worked et	11. Total ti	me (years)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
- 1	pation (month and		ntin this pation	***************************************		
12. BIRTHPLACE (c	ity or town)			Other Contributory Causes of impo	ortance:	
(Stets er cou		andan	4	n	e	
13. NAME	Richary	1 /hia	lovell			
13. NAME	E (city or town)	-	- 11111111111	Name of operation		Date of
(Stete o	r country)	md		What test confirmed diagnosis?		
15. MAIDEN NA	AME Posello	a ser	up	23. If death was due to external car	uses (VIOL ENCE) fill in also	the following:
15. MAIDEN NA	E (city or town)		_	Accident, suicide, or homicide?	Date of ir	njury, 19
∑ (Stete o	r country)	91,6		Where did injury occur?		
17. INFORMANT	Les 3rd	dos	Ja.	Specify whether injury occurred i	(Specify city or town, con INDUSTRY, in HOME, or in	unty and State) PUBLIC PLACE.
(Address)	1) Oshi	not le	If hig.		***************************************	
18. BURIAL, CREMA	TION OR REMOVAL	101.	10 01	Manner of injury		
Place C/	work p	Date Date	17 1924	Nature of injury		
19. UNDERTAKER	Hrass (1/1	Villian	ms	24. Was disease er injury in eny w	vay related to occupation of d	Jeceased?
(Address)	209 I St	-mu	-	If so, specify		
20. FILED Trans	119' 1 20	lu Ei	Word	(Signed)	m/3/26	M. D.
		Range d	Registrar.	(Address)	Dear Dans	dant had

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to rotirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing neath. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUL 5 1934			
Other contributory causes of importance:	i	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

of OCCUPA-

SIAIL OI	MARYLAND-	CERTIFICATE	OF DEATH	11/10/03/03
1. PLACE OF DEATH		93-0		06204
County Greece 2	enges		Registration Dist. Noo	230
Village or City Calley	1 Park	No.	itution, give its NAME instead of stre	St.,Ward
Langth of residence In city or town where dea			f of foreign birth?yrs	
2. FULL NAME Chris (a) Residence: No. Cully	takles June Park, wd. (Usual place of abode)	is fa Roch	If nonresident give city or to	wn and Siate
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL	CERTIFICATE OF DEA	TH
3. SEX 4. COLOR OR RACE S	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Month) (Oay)	, 193 X
5a. If married, widowed, or divorced HUSBANO of (or) WHEEL MANY W.	La Roche	22. I HEREE	Y CERTIFY That I at	tanded deceased from
6. DATE OF BIRTH (month, day, and year)	1-0, 1st,051	I last saw h acce. alive on	0 /2	93 4 : death is sal
7. AGE Years Months	Days tf LESS than	to have occurred on the date st	1/0-	
82 7	1 day,hrs	The PRINCIPAL CAUSE OF DE were as follows:	ATH and related causes of important	
8. Trade, protession, or particular	4			Oate ot onse
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	und.	Chume	Mujoe adulis	1 aus
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	randrel Churci	16/1		
10. Data deceased last worked at	11. Total time (years) spent in this	yeg		
this occupation (month and year)	spent in this 4.8			
12. BIRTHPLACE (city or town)	Laud, S.C.	Other Contributory Causes of in	portance:	6. Mu
13. NAME WILL J. L	a Rocke			
13. NAME 14. BIRTHPLACE (city or town)	MA Esland, S.C.	Name of operation		ita of
(State or country)		What tast confirmed diagnosis?	Was the	ere an autopsytto.
15. MAIDEN NAME SUSQU	eller and	23. If death was due to external	causes (VIOL ENCE) fill in also the fo	ollowing:
15. MAIDEN NAME SUS QUE	0	Accident, suicide, or homicide?.	Data of Injury	n, 19
(State or country)	3	Where did Injury occur?	(Specify city or town, county a	and State)
17. INFORMANT Sees (Address)	Park wil	Specify whether Injury occurred	in INOUSTRY, in HOME, or In PUB	
18. BURIAL, CREMATION, OR REMOVAL	1	Manner of Injury		
Place / Mo rele ma	Date Jane (21., 1934	- Natura of injury		6.4
19. UNDERTAKER F. Luschly (Address) Knaterille	and	24. Was disease or injury in any	y way related to occupation of deceas	sed? 140
1 A /	0	(Signed)	11 1300 0 14	10/1 AM

OFFICIONTE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second secon	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.2 (If death occurred in St: Ward) class a hospital or institu-tion, give its NAME is -Carter stead of street and number.) rop PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE | 5 SINGLE, 3 SEX 16 DATE OF DEATH (MARRIED, WIDOWED. ny be OR DIVORCE WILL (Write the word) (Month) (Dsy) ma 6 DATE OF BIRTH I HEREBY CERTIFY. That I attended the deceased from (Day) 7 AGE If LESS than and that death occurred on the date stated above, at ... I day hrs. The CAUSE OF DEATH * was as follows: & OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duretion) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed). FATHER192___ (Address) II BIRTHPLACE OF FATHER E *State the Disesse Causing Death, or, In deaths from Violent Causes, state (1) Means of injury and (2) Whether seid-stat, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 0: 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place of death 4 yrs. OF MOTHER (State or Country) 0 T Where was disease contracted, if not at place of dea h?... 14 THE ABOVE IS TRUE TO THE BES usual residence DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL CIA ADDRESS 20 UNDERTAKER If more banks are needed, addre.s Ltate Registrar, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census ɛnd American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Sulesmon, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia. sary to know (a) the kind of work and also (b) the tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more preuse cal mine, etc. Wom-laborer, Farm laborer, Loborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully em-Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. whatever, write None. For many occupations a single word or term on Locomolive engineer,

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin_itis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondar or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Whooping and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Corcinoma, Sorcoma, etc., oi .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiby Committee on cough; Chronic etc. The contributory valvulor Nomenclature Always qualify all heart diseose;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

V. S. No. 1

STATE OF	MARYL	AND-CERT	IFICATE	OF	DEATH
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1/3	1	53	0	S-thig
11	n	7.	11	1
V		~	0	

1.	PLACE OF D				(J31)	
	County	Pro. Geo	rge's U	ounty	Registration Dist. No.	45
	Village or City_	Colmar 1	Manor Md	•	NoSt.,	Ward
	Length of residence	e in city or town where	deeth occurred7_		f death occurred in a hospital or institution, give its NAME instead of street and sds. How long in U.S. if of foreign birth?yrsm	-
2.	FULL NAME	John	C. Palm	er		
	(a) Residence: I	No. 409	Balto B (Usual place		St., Ward. If nonresident give city or town and	State
	PERSONAL	AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4.	COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH	, 193 7
		White	marri		(Month) (Day)	(Year)
H	married, widowed, o HUSBAND of (or) WIFE of	Cella C	u Pal	well	22. I HEREBY CERTIFY. That i attended 4-/3, 19/4, to 6/2	deceased from
6. DA	TE OF BIRTH (mon	th, day, and veer) JE	n 11, 1	857.		; death is said
7. AGE		Months	Days	If LESS than	to have occurred on the date steted above, at 11.41 Am.	
7	77 years	7 Mo.	14 da	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Data of onset
ē	S. Industry or busin work was don	done, as SPINNER, DKKEEPER, etc	Machiner Railros		chowe interstitud regulation by partension and carbin	7
200	6 Date decessed is	st worked at n (month end 1970	11. Totel ti	me (years) it in this	Jailand	-
12. BI	RTHPLACE (city or (Stete or country)	town) New 3	York Cit	4	Other Contributory Causes of importance: ageoglexy - fermion of	6-24/34
1	3. NAME 7	anknown				
FATHER	4. BIRTHPLACE (city (Stete or cour	or town)	rnown		Name of operation Date of Whet test confirmed diegnosis? Was there an	
음 1	5. MAIDEN NAME	unl	known		23. If death was due to external causes (VIOLENCE) fill in also the following	
MOTHER	6. BIRTHPLACE (city (State or cou	01 10411/	nknown		Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. in	FORMANT Total	ta Lee Pal 9 Balto B	lmer Bulv'd		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	
18. BU	Piace VO		netery 6	/27/,1934	Manner of injury	
19. Ut	NDERTAKER F	Gasch's Hyettsvill	Sons e Ma		24. Was disease or injury in any way related to occupation of deceased?	
20. FI	LED June	2619 34	mas	40 · Dens	(Address) 3220 -12 e at HW Was	M. D.

If more blanks are needed, ddfes State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement

properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

of OCCUPA-

STATE OF MARYLAND-	CERTIFICATE OF DEATH 06208
1. PLACE OF DEATH	(R:5)
-D 10-	Registration Dist. No. 242
Village or City In anyland Park-	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foraign birth?yrsmos ds.
2. FULL NAME Lindsay S. Perken	11
1 1 1 1 2 1 2	
(a) Residence: No. Maryland Parks True (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	June 3 ,193 4
mall while widows f. 5a. If merriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Mag dalunce Brandes Perkin	22. I HEREBY CERTIFY. That I attended decoased from 3, 19 34, to
6. DATE OF BIRTH (month, day, end year) Alex 25-1863.	I last saw ham' aliva on Jame 3 , 19 3 4, death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 2.30 P.m.
70 5 8 1 day, hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, Langor age translate SAWYER, BOOKKEEPER, atc. Langor age translate	
SAWYER, BOOKKEEPER, atc. Langer are handle by	apopulary ging 3
work was dona, as SILK MILL, Su & Male Reft SAW MILL, BANK, atc.	1.7/
10. Date deceased last worked at this occupation (month end 11. Total time (years) spant in this occupation (month end 14. Total time (years) spant in this occupation.	
Harden P.	Dthar Contributory Causes of importanca:
12. BIRTHPLACE (city or town) (State or country) (State or country)	ane-
13. NAME E. Ll. M. Perters	
13. NAME & Al M, Perhamo 14. BIRTHPLACE (city or town)	Nama of operation
(State of country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Jane Sanders 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or own)	Accidant, sulcida, or homicida? Date of Injury, 19
(State or country) Jenn,	Where did injury occur?
17. INFORMANT adam C. Pubnis (Addrass) Rrute #I Mish. De	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Washington De Datofune 5 1934	Nature of injury
Bial O.	
19. UNDERTAKER J. W. L. S. Jn. W.	24. Was disease er injury in any way related to occupation of dacassed?
(Addrass) 2901-14 StDI M. W	If so, specify 2 m Brady
20. FILED JUNES, 1934 John & Micarl	(Signed) At Pleasant has
Kegistrar,	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soan factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample-I		Example II			
The principal cause of deat of importance were as follo	hand related causes-	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	pai 5 3931	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis		1921	Run over by street car	1 week ago		
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago		
Other contributory causes	of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

FATHER

(Stata or country) 15. MAIDEN NAME

See

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DEATH

OF

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MOTHER 16. BIRTHPLACE (city or town)

17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVE

(State or country

(Address)

20. FILED.

Registrar.

Name of operation

What test confirmed diagnosis?.

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?

Date of injury _____ 19 Where did injury occur?

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Nature of injury_____

24. Was disease or injury in any way ralated to occupation of deceased?

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5, 1927	Pcritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: May 1,1923 Gastroenteritis		

V. S. No. 1

should state

of OCCUPA.

1. PLACE OF DEATH	CERTIFICATE OF DEATH 00210
county Prince Teorge	Registration Dist. No. 23/
Village or City Edmonster	No. 230 Hells St Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME John Roft Risdon	
(a) Residence: No. Educoustin mod (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("wrigh the word) Male White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("wrigh the word) Male	21. DATE OF DEATH June 5 - 1934 (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Ella: Resdon	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 22 - 1855	I last saw h alive on 19 Seeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
73, 78 8 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Chony myreadelle.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked et 11. Total time (years)	Chone Myreneus.
9. Industry or business in which work was done, as SILK MILL, Unwersity of Mid:	- Chillian Salaman
10. Date deceased last worked et this occupation (month and year) 1930 spent in this occupation 60412	
occupation Co-fee	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) (State or country) / Wa:	Jangers fort
	Maraness Agents and Ag
(State or country)	Name of operation Oate of
15. MAIDEN NAME Mary / isby	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME Mary Lisby 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In else the following: Accident, suicide, or homicide?
(State or country) 9/a.	Accident, suicide, or homicide?
17. INFORMANT Charles Risden allen (Address) 30/7-26 th St ME.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Bladensburg Md Oate June 8, 1934	Nature of injury
19. UNOERTAKER J. Sascho Jour (Address) Syatterille Md	24. Was disease or injury in eny way related to occupation of deceased?
20. FILEOGENE 8, 1934 Deleu Hack	(Signed) 73 / M. D. (Address) A A A A A A A A A A A A A A A A A A
	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

(Inform

Fine

15 Filed.

STATE OF MARYLAND

I river for	CERTIFICATE OF DEATH
	Registration Dist. No. 2034
City Friendly (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
FULL NAME	number.)
SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
June 9 , 1934 (Month) (Day) (Year)	that I last saw halive on, 192,
yrs. mos. ds. lf LESS than l day hrs. or min.?	and that death occurred on the date stated above, at
profession or kind of work al nature of industry blowed or (employer)	(Duration) yrs, mos ds,
E OF Ralph Robary	Contributory Secondary (Duration) M. D. (Signed) E W Advants M. D. (Address) RFD \$2 Anacotic
ATHER te or country) DEN NAME	*State the Disease Causing Death, or, in deaths for Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
HPLACE Friendly, Mid	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
VE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
nant) Rolff Rolling	Former or usual residence
address) Juindly Ma	residence Trienaly June 9th 1994
me 9- 134 / Jena Hurth	Talkh Polana Cinacostia De
lf more blanks are needed, address State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Thuled

S. No. 1 5

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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. additional line is provided for the latter statement; i nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Plonter fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook definite salary), may be entered as Housewife, Housework, or Al Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed to report household only (not paid Housekeepers who receive a Foreman, For many occupations a especially in industrial employments, it is necesyrs). without more precise specification as specifically the occupations of persons en-For persons who have no occupation (b) Automobile factory. The materia Stationary fireman, etc. But in many single word or term on As examples: (o) 9 Grocery; Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: ('crebrospinal', fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tions, such as "Asthenia," "Anaemia" (merely symptom-Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," inges, perilonoeum, etc., Carcinoma, Sorcoma, etc., of approved by Committee on diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL perilonitis," etc. causing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. unqualified, is indefinite); Tuberculosis of lungs, men-State eause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railwoy traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy." "Collapse." "Coma," "Convulsions," Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid for malignant neoplasms); Meosles, Chronic valvulor heart Example: Measles (disease etc. The contributory Nomenclature diseose

If his certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

-WRITE

CAUSE

(Address)

OCCUPA-

plnods

- Jane	
Registration Dist. No. 2 3	31
No. St., death occurred in a hospital or institution, give its NAME instead of street an ds. How long In U.S. If of foreign birth? yrs.	Ward d number)
heere	
St., Ward. If nonresident give city or town a	nd State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (Month) (Day)	, 193 4 (Year)
1 HEREBY CERTIFY. That I ettended to have occurred on the date stated above, at 2 A.m.	J, 19.J.Y.
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	282
Wele as follows.	Data of onset
Lobar Journama	6-14-24
Other Cantributary Causes of importance:	
Name of operation	4.0
What test confirmed diagnosis? ———————————————————————————————————	ng:
Accident, suicide, or homicide?	, 19
Where did Injury occur?	ate)
Manner of injury	
Neture of injury	
24. Was disease or Injury In any way releted to occupation of deceased?	No
(Signed) John D. Malany (Address) Hyallaville (Y)	9 of. M. D.

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1	11	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
BUREAU V S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			1		

See instructions on back of certificate.

TION is very important.

of OCCUPA.

V. S. No. 1 ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06213
1. PLACE OF DEATH	(23)
County Musel Terrigles	Registration Dist. No. 20
Village or City Paden	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
1	ds. How long in U.S.II of foreign birth?yrsmosds.
2. FULL NAME Thomas hes Sum	ms
(a) Residence; No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wrife the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	1 HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	Man 12 134 10 June 12 1934
6. DATE OF BIRTH (month, day, and year) Aug 5 - 1917	liast saw h. A alive on from 12 1934; death is said
7. AGE Years, Months Days If LESS than	to have occurred on the date stated above, at
6 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	1 p
SAWYER, BDDKKEEPER, etc.	Inferculario
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
U 10. Date deceased last worked at 11. Total time (years)	
o this occupation (month end spant in this occupation occupation	
12. BIRTHPLACE (city or town) I Janden	Other Contributory Causes of Importance:
(State or country)	
13. NAME Thomas & Dimms	
13. NAME Thomas & Diminas 14. BIRTHPLACE (city or town) Dodin	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (Sugystme 7. Wills	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME (Mugystime T. Wills) 16. BIRTHPLACE (city or town) January (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Agmos Leading) (Address) Badur Ma	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place It 1985 Churchy Date June 1994	Menner of injury
Place W Veribo Chiming Date fine 197 , 1904	Nature of Injury.
19. UNDERTAKER 2). TIMES	24. Was disease or Injury in any way related to occupation of deceased? 2
(Address) agnaseo ma	If so, specify
20. FILED JME 14th, 1934 Ms A 19, mile	(Signed) M. M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
1 40 4 500					
Other contributory causes of importance:	-	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

V. S. No. 1

FATHER

MOTHER

13. NAME

17. INFORMANT

19. UNDERTAKER

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town

(State or gourry

15. MAIDEN NAME

(Address)

(Address)

should state of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06214
1. PLACE OF DEATH	
//	Registration Dist. No. 248 No. Jacred Start force St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence in ofty or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Muss Elizabeth Spree	kelmeyer!
(a) Residence: No.	St./ Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Jungle	21. DATE OF DEATH June 193 (Month) (Day) (Yéar)
5a If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 21, 1855	Hast saw h_en_alive on June 13, 19.37; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, st/m.
79 3 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, Beauding & Romung	aute cardiac dilatation Date atonact
9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Cordis samular renal disease 1930
10. Date deceased last worked at this occupation (month and super) 11. Total time (years) 7 spant in this occupation	
12. BIRTHPLACE (city or town) Balling Med	Other Contributory Causes of importance: - Artery sublenses

What test confirmed diagnosis? 23. If death was due to axternal causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?..

(Specify city or town, county and State) occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Na	ture	of injur	y								
24.	Was	disease	or	injury	In day	way	related to	occupa	tion of	deceased?_	no

If so, specify

If more blanks are needed, address Store Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	101 7 100/	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	DOL O AVOID	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SURFALL V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
-				

V. S. No. 1 N. B.

should state of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 16215
1. PLACE OF DEATH	(60)
County Truce Leages.	Registration Dist. No. 235
Village or City & Thyatteralle	No. St, Ward
Length of residence in city or town where daeth occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2 FILL NAME MALARIET Oftole	(de chos)
(a) Residence: No. 110- Curan statement	Cst. M. Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Lewole White S. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the port)	21. DATE OF DEATH 28th (Month) (Day) (Yaar)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attended dacaased from
6. DATE OF BIRTH (month, day, end yeer) Sept. 12 - 1896	I last saw h LV aliva on June 28 , 1934; death Is said
7. AGE Years Months Pays If LESS than 1 day,hrs.	to heve occurred on the date stated above, at 40 A, m
. 37. 9 16 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows: Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.	7
9 Industry or business in which	c neets to see to being & June 34
work wes dona, as SILK MILL, SAW MILL, BANK, etc.	& brain
O 1D. Date deceased last worked at this occupation (month and year)	
A 2	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Willer Brittinghouse	
13. NAME William Brittingham 14. BIRTHPLACE (city or town)	Name of operation Date of
(diate of country)	What test confirmed diagnosis? Labratory Wes there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city er town)	23. If deeth wes due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city er town)	Accident, sulcide, or homicida? Date of injury, 19
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT J. A. Stohldreher.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION_DR REMOVAL	Manner of injury
Place Washington, & B. Date 6-28. 1934	Nature of injury
19, UNDERTAKE Thomas J. Murrays for	24. Was disease or injury in any way releted to occupation of deceased?
(Address) Washington De	If so, specify
20, FILED 6/28, 1934. of O'Minear	(Signad) Marler Reane M. D.
	The sale and willing .

"If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
			(a, 34.41)

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

DING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
ARGIN RESERVED FOR BINDING	FADING INK—THIS IS A PERM	lied. AGE should be stated EX	ms, so that it may be properly cla	TION is very important. See instructions on back of certificate.
11	-WRITE PLAINLY, WITH UN	mation should be carefully supp	CAUSE OF DEATH in plain ter-	TION is very important. See in

N. B.-WRITE

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	10
1. PLACE OF DEATH	0	160-2)	10
County M. Seo	· Cu. a.	Registration Dist. No. 231	
Village or City Board on	churs Delen	e Nothinais St.	Ward
	(1	death occupyed in a hospital or institution, give its NAME instead of street and numb	er)
Length of residence in city or town where dea	th occurredyrs./mos	How long in U.S. If of foreign birth?yrsmos	ds.
2. FULL NAME ON	alfonan		
(a) Residence: No. 103	la flous hury	St. Ward.	
PERSONAL AND STATISTIC	(Varial place of abode)	If nonresident give city or town and State	*
	. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
7 /2	OR DIVORCED (write the word)	DATE OF DEATH	4
5a. If married widowed or divorced	ongle	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended dece	ased faces.
	1 /	ou funer/20/934	19
6. DATE OF BIRTH (month, day, end year)	12/34	I last saw h & alive on day	ath is said
7. AGE Yaars Months	Days If LESS than	to have occurred on the date stated abova, at 6135. H. M.	
	1 day,hrs. or 5-min.	The PRINCIPAL CAUSE OF DEATH and raleted causas of importanca were as follows:	
8. Trade, profassion, or particular kind of work done as SPINNER		A A A A	te of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.		Cerebral / Hemonkage &	112/
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.			17
O ID. Date dacaased last worked at	11. Total time (years) spent in this		
this occupation (month and year)	spent in this		
12. BIRTHPLACE (city or town) - Bluff	wshira	Other Contributory Causes of Importanca:	
(Stata or country)	ud. O		
W 13. NAME KAAB Melien	Lachman		
13. NAME Was Melson 14. BIRTHPLACE (city or town). Man	00.1-	Name of acception	
(State or country)	est.	Name of operation Dete of What tast confirmed diagnosis? Was there an autop	
15. MAIDEN NAME CLEAN	miso Stack		sy?
15. MAIDEN NAME Cleary of 16. BIRTHPLACE (city or town)	estion.	23. If deeth was due to external causes (VIDLENCE) fill in elso the following: Accident, suicide, or homicide?Date of injury	10
S (State or country)	J.	Where did injury occur?	19
11.5+1.()	n. 9.1	(Specify city or town, county and State) Specify whether injury occurred in-INDUSTRY, In HOME, or In PUBLIC PLACE.	
17. INFORMANT (Address)	u (hered mit	Specify whether injury occurred in-14005 KT, in nome, of in Poblic Place.	
18. BURIAL, CREMATION, DR REMOVAL	12 12	Mannar of injury	
Place Bladusburg Ind.	Date Stake , 1934	Nature of injury	
19. UNDERTAKER F. Gasel's So		24. Was diseesa or injury In any way related to occupation of deceased? Zxx	
(Addiass)	is for 9 Mi-	If so, spacify	A
20 5U5Q - 2 /2 - 2 /4 3/2	lu Stack	(Signad) Do Can Janno	M D
20. FILED James 12 , 19 34	Local Registrar.	(Address) West Stagning 1 mg	1
If more blan	oks are needed, address State Registrar.	2411 N. Charles Street, Balismore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

See instructions on back of certificate.

TION is very important.

V. S. No. 1

item of infor-

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93,0
County O. 4eo	Registration Dist. No. 243
Village or City Bowel.	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Louise Troma	0
(a) Residence: No. Bowil. In	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Terrale Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH TO THE TOTAL
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H Thomas	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw her alive on 7, 19 27; death is said
7. AGE Years Months Days if LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ch. myreaclitio and
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Myscardial dequination
O 10. Date deceased last worked at this occupation (month and year)	artenoscheloses.
12. BIRTHPLACE (city or town) / // // // (State or country)	Other Contributory Causes of Importance:
I 13. NAME Wesley Heury	
13. NAME Vesley Yeurs 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis?
15. MAIDEN NAME That the series of the serie	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
2 (State or country) Wary and 17. INFORMANT Flaucis Thomas (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL CALLER.	
Place at Clusium Date funell, 1934	Manner of Injury
19. UNDERTAKER Clarence Tronsoct	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO une f. 1934 TE hancusterin	(Signed) The Lancaston M.D. (Address) Bowie 1 Med,

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	13/		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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causes Date of onset
1 week ago
1 week ago
3 days ago
1 year

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAULVIC			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

SIAIL	COF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	@	
County O 1111	yrocoe	Registration Dist. No. 239
Village or City T		No. St, War St, War If death occurred in a horpital or institution, give its NAME instead of street and number) as
2. FULL NAME /3	ty Day Wel	ford
(a) Residence: No.	(Usual place of abode)	St., 522 Mylon. If nonresident give city or town and State
PERSONAL AND STAT	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACI		21. DATE OF DEATH 30
5a. If married, widowed, or divorced		(Month) (Day) (Year)
HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That I attended decaased fro
	11-1	193 4, to 6 / 5 0 , 193 y
6. DATE OF BIRTH (month, day, and year)	6/30/34	liast saw h eline on
7. AGE Years Month	hs Days If LESS than 1 day,hrs.	to have occurred on the data stated above, atm.
	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNEI SAWYER, BOOKKEEPER, etc	R,	mother fill
kind of work dona, as SPINNEI SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data daceased last worked at this occupation (month and		assoran Behelde
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc		bury form all led
10. Data daceased last worked at this occupation (month and	11. Total time (years) spent in this	
year)	occupation	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town)	send hill	Other Controllery Causes of Importance.
(State or country)	11	
13. NAME 14. BIRTHPLACE (city or town)	restore	
14. BIRTHPLACE (city or town)	Thurst	Name of operation Date of
(State of country)	br	What test confirmed diagnosis? Was there an autopsy? 40
15. MAIDEN NAME / Cathur 16. BIRTHPLACE (city or town)	un Hastru	23. If death was due to external causes (VIOLENCE) fill in elso the following:
6 16. BIRTHPLACE (city or town)	Heling	Accident, suicide, or homicide?
Stata or country)	d	Where did injury occur?
17. INFORMANT Um /	villar	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	artul	
18. BURIAL, CREMATION, OR REMOVAL	Solul 31	Manner of injury 10 harris
Place	Date / 193	Nature of Injury
19. UNDERTAKER STANDER (Address) 577 Mg	list facher)	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED Selly 1 , 1934 1	M. Dushere	(Signed) S MM M. (Address) PRUM WM
If U	more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

12 man

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, mation should be ca	AARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
		-WRITE PLAINLY, WITH UNFADING INK-	mation should be carefully supplied. AGE sho	CAUSE OF DEATH in plain terms, so that it n	

		ST	ATE (OF MARY	LAND-	CERTIFICATE OF DEATH	6991
1.	PLACE O	FDEAT	H	, .			10001
	County	Since	e Is	orges	,	Registration Dist. No. 23	6
	Village or	City_Mea	v.lipps	W frail	VIO	NDSt., death occurred in a hospital or institution, give its NAME instead of street and i	Ward
	Length of re	sidence in city	or town where	death occurred		death occurred in a hopital of institution, give its transfer instead of street and the street of th	
2.	FULL NA	MF //	11-22	med	Wille	ams	
	(a) Reside		Virtue Sala	2.2.2.2.0.		St Ward.	
				(Usual place o		If nonresident give city or town and	State
	-			ICAL PARTIC		MEDICAL CERTIFICATE OF DEATH	
3. SE	Male	Cor	or race	5. SINGLE, MARR OR DIVORCED	IED, WIDOWED, (write the word)	21. DATE OF DEATH (Month) 2 (Day)	, 198 34 (Year)
5a. I	f married, wido HUSBAND of (or) WIFE of	wed, or divorc	ad L			22. I HEREBY CERTIFY, That I attended	
6 D	ATE OF BIRTH	(month day	and year)	une 2.	5.1934	I last saw h alive on, 19	
7. AC		ears	Months	Days	If LESS than	to have occurred on the date stated above, atm,	
				-	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
z	8. Trada, prof	ession, or par work dona, a	ticular s SPINNER	-			Date of offset
	SAWYE	R, BDDKKEEP business in	ER, etc				
UPA	work w	as done, as SI ILL, BANK, et	LK MILL,	-		A The state of the	
OCCUPATION	1D. Date decea		ed at	11. Total tir	ne (years) t in this		-
					oation	Dther Contributory Causes of importance:	
12. I	BIRTHPLACE (14				
~	(State or co	untry)	100				-
HER-	13. NAME	tran	19/21	own			
	14. BIRTHPLAC		m)			Name of operation	
-		or country)	7	11.00 .		What test confirmed diagnosis? Was there an	
<u> </u>	15. MAIDEN N	AME // /	iriia	Villia	ms	23. If death was due to external causes (VIDLENCE) fill In also the following	
MOT	16. BIRTHPLAC	CE (city or tow or country)	(n)	701-		Accident, suicide, or homicide? Date of injury	, 19
17. 1	NFDRMANT(Address)	John	w W	Tillia	us)	Where did injury occur?(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	e) ACE.
18. E	BURIAL, CREM	ATION, OR RE	MDVAL	Marke or	2	Manner of injury	```
	Place/	Mr. M	elso	- Date Miss	23.,1934	Nature of injury	/ ,)
19. l	JNDERTAKER	John	Willia	ms Gran	Stather)	24. Wes disease or injury in any way related to occupation of deceased?	Alva
20 F	TLED Serve	e 25, 19	34 2	ora U. les	reli	(Signed) ND the My beach	M-0

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Other contributory causes of importance:	n-	Other contributory causes of importance:	
other contributory causes of importance.	1 TO 1 TO 1	Other contributory causes of importance.	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

MARGIN RESERVED

to.

н ,	06222
PLACE OF DEATH	STATE OF MARYLAND
County 14 11gds	CERTIFICATE OF DEATH
County	137
1	Registration Dist. No.
Village or City MANAGORANO. 2FULL NAME James Burn	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) MARRIED, WIDOWED. (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY GERTIFY, That I attended the deceased from
mil 15 am	San 12 1974 10 Smil 28 1974
(Month) (Day) (Year)	that I last saw h mi alive on Many 2 7 = 1934.
1	14 44 0
7 AGE If LESS than I day hrs.	
75 yrs. 3 mos. 13 ds. or min.	AND MARINE ANTIBED A Please
8 OCCUPATION	Aller of Party Ti
(a) Trade, profession or Haysull	CASTER MAN CONSTRUCTION OF THE STATE OF THE
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) vrs
9 BIRTHPLACE (State or country) Q. C. P. 7.	Contributory Secondary
M. Javy (Med	(Duration)ds.
TO NAME OF A THE STATE OF THE S	(Signed) M. D.
11 BIRTHPLACE JAMES WELLE	Vanel 18 1924 (Address) Africasel 2011
	*State the Disease Causing Death, or, in deaths from
Z (State or country) fly Jaos (1)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Men were the	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	eients or Recent Residents)
OF MOTHER DE 4/ 02/00 7/1	At place of death yrs mos ds.
(State or country) // / Second / Hell	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
and Newsell Her Trellen	usual residence
(Informant) ASSMA WILLIAM TO	9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Madrey Test Janel 3k 1934
15 1 -21 4 120+	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requeating V. S. Ao. 1.

AMUL Regiatrar

(Approved by U. S. Census and American Public Health Association.)

tired 6 state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed as Al school, or Al home. Care should be taken work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Lousehold only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on yrs . Farm laborer. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The inaterial Laborer-Coal mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEA I CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pueumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Whooping "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic etc. The contributory valendar heart Nomenclature not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

Ø	IS A PERMANENT RECORD. Every item of infor-	stated EXACTLY. PHYSICIANS should state	properly classified. Exact statement of OCCUPA.	1
	ID. Every	SICIANS	statement	
•	RECOF	Y. PHY	Exact :	
FOR BINDING	ERMANENT	EXACTL	classified.	e.
FOR I	IS A P	stated	properly	certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	06233
County Prince George	Registration Dist. No. 235
Village or City anacaster Do 77# U	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
7	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Maria Chysbeth 1	wrass Wood.
(a) Residence: No. Linux (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
F W OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1932 to June 15 1934
6. DATE OF BIRTH (month, day, and year) Coch 6 1850.	Hast saw h. ev alive on June 15 1934: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12 2m.
83 8 8 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular	General arterosclerous 1932
kind of work done, as SPINNER, Harchework SAWYER, BOOKKEEPER, etc. 9/Industry or business in which	Girth Cerebral
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	soflessing, mal neutrition
ting occupation (month and	Christmys carefute.
year) - James 43 ft occupation Life	Other Coutributory Causes of importance:
12. BIRTHPLACE (wity or town)	Chronic yastritir Much 193
	probable forcemonia
E Contactor 27 congress	of Monach.
[State or country]	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Polly Trung	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
State or country) /// -	Where did injury occur?
17. INFORMANT John W. Wood. (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 12ella, 19. Cor Maio 4 17, 1934	Nature of Injury
19. UNDERTAKE Thomas Fr Murrayofon	24. Was disease or Injury In any way related to occupation of deceased?
(Address)	If so, specify
20. FILED 4/14. 1934, L. O. Minear	(Signed) Ful C Van Galla M. D.

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